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MARYLAND HEALTH
CARE COMMISSION



900 Caton Avenue
Baltimore, MD 21229-5299

410.368.6000 *phone*

Linda Cole
Chief Long-term Care Policy and Planning
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Linda:

This letter is to provide comments on behalf of St. Agnes Hospice program regarding the proposed changes to COMAR 10.24.08, the Long-Term Care Chapter of the State Health Plan.

St. Agnes Hospital was established more than a 145 years ago and is a faith-based community hospital that is steeped in a rich tradition and commitment to serve all of our patients regardless of their ability to pay. Last year our community benefits (charity care) equaled our operating margin. Part of our health system includes a very strong hospice program known as St. Agnes Hospice. We feel the changes proposed will have a significant impact on our ability to carryout our mission. Therefore, we recommend that **Section .13 C AUTHORIZING A CCRC TO PROVIDE HOSPICE CARE TO CCRC RESIDENTS** be deleted.

The St. Agnes Hospice program does not turn away any patient in our community based on inability to pay and since 1979 we have met the hospice needs of our community. More than 17% of our patients reside in the two CCRC's that we serve. We are concerned that if CCRC's are allowed to establish hospice services, other long-term care providers will seek to do so as well, and more than 35% of our patients reside in nursing homes. If either of these businesses were lost it would significantly harm our program and impact our ability to serve those without the ability to pay. We would not be able to sustain our program. Thus, decreasing the availability of multiple providers.

Amazing medicine. Amazing grace.

Section .13 C 3 (b) discusses "cost-effective" alternatives. It is not clear how this standard will be measured. Eighty-nine percent of our patients are Medicare patients. Medicare reimburses hospices with a flat per diem payment which is not impacted if costs are reduced by not providing patients needed medications, equipment or services. How would cost-effectiveness be measured given that the government is the actual payor for the majority of services?

Additionally, Section .13 C 2 addresses "unmet need". We feel this should be deleted because the standard does not explain how this will be measured and proven.

Overall, we do not understand why the MHCC is creating two standards to measure need and these changes undermine the validity of the need process. Even the ability for public comment would be a departure to the current foundation of CON processes. Therefore, we respectfully request that **Section .13** be deleted in its entirety.

Sincerely,



Sister Ellen LaCapria
Vice President Mission Integration



Robin Dowell
Director, St. Agnes Hospice



Nancy Creighton
Director, Community Relations